

# Leeds Motor Neurone Disease PEG Pathway

## INITIATE PATHWAY

Dr Jung/other Consultant Neurologist and patient agree to start PEG pathway after discussing Benefits, Risks, Complications, Escalation.

Perform RFTs

CNS (ext **26078/26755**) discuss procedure/ risks with patient

## REQUISITIONS

Consultant Neuro send order comms request

CNS to refer to Dr Helen Rafferty (cc GP, MND team, DNs, and JCM/ASC)

CNS initiate pre assessment booklet / identify if care package is needed

Inform Cherry Clayton (secretary) of imminent admission—to request medical notes/input admission (ext **23296**)

## APT BOOKING

Confirm an apt date with Dr Helen Rafferty (THU LGI)

Make pre assessment apt for following day (ext **28026/23458**)

Liaise with endoscopy (ext **26353**) re availability

**If transport:** Inform GP

Write to patient to confirm appointment dates (gastro, pre assessment and TCI)

Ring L17 to book bed (ext **27421**)

Email SaLT, hospital & community dietician, bed manager, Dr Jung/ DNs / JCM/ASC

## APPOINTMENTS

Attend gastro apt to discuss procedure, risks, bloods, U&E, FBC only

**IF on anticoagulant or dual therapy medications: INR needed**

CNS to perform RFT and update pre assessment booklet.

Attend pre assessment. Anaesthetist to assess GA/ sedation requirement and inform CNS if having GA. Discuss EOL/Tracheostomy/Escalation wishes.

Pre assessment nurses finalise booklet and provide MRSA prophylaxis.

## PEG PROCEED

Inform L17 and bed manager

Admission to L17

PEG procedure

ICP booklet

**IF INDICATED:** CNS book **ITU bed**.

Inform ITU coordinator (#**2244**) and bed manager (#**1290**) (WD3 #**27403**)

RFT—Renal Function Test  
 CNS—Clinical Nurse Specialist  
 APT—Appointment  
 DN— District Nurse  
 JCM— Joint Care Manager  
 ASC— Adult Social Care  
 TCI— To Come In...  
 U&E— Urea & Electrolytes Tests  
 GA—General Anaesthesia  
 EOL—End of Life